

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation & Licensing Administration



Intermediate Care Facilities Division
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Mailing Address
899 North Capital Street N.E. 2nd Fl.
Washington, D.C. 20002

License Renewal Application Instructions
Intermediate Care Facilities for Persons with Intellectual Disabilities-Title 22, Chapter 35

Dear Provider,

Please follow the checklist below for completing the application and return for processing.

1. Notarize Complete Application for Licensure
2. Licensure Fee
3. Insurance Verification Form (to include the expiration date)
4. Certificate of Good Standing ((From DCRA – Office of Corporation Division with current year and seal)
5. Clean Hand Act Certification Form (DOH Certification Form)
6. DOH Form 1513(Disclosure of Ownership and Control Interest Statement)
7. Listing of Residents with their designated Level of Mental Retardation

The renewal application must be completed 90 days before your agency license expire. Please note that no inspection will be conducted unless the renewal application and annual licensure fee are received by 90 days before your agency license expire. Failure to submit the application with the annual licensure fee (check or money order) will result in your application not being processed. All checks or money orders must be made payable to the “D. C. Treasurer”.

The license fees for community residence facilities are as follows (Title 22 of the District of Columbia Municipal Regulations (DCMR), Public Health and Medicine, Chapter 31, Health-Care and Community Residence Facilities, Section 3114, effective August 30, 1996):

<u>Number of Beds</u>	<u>Annual Fee</u>	<u>Late Fee</u>
1-5	65.00	32.50
5-8	130.00	65.00
9 and above	195.00	98.00

If you have any questions regarding this matter, please contact Laura Hunte, Supervisory, Health Service Program Specialist, Intermediate Care Division at (202) 724-8800.